

ADULT PEI PROGRAMS

SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY
 BEHAVIORAL HEALTH SERVICES
 PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2019 – 2020 ANNUAL REPORT

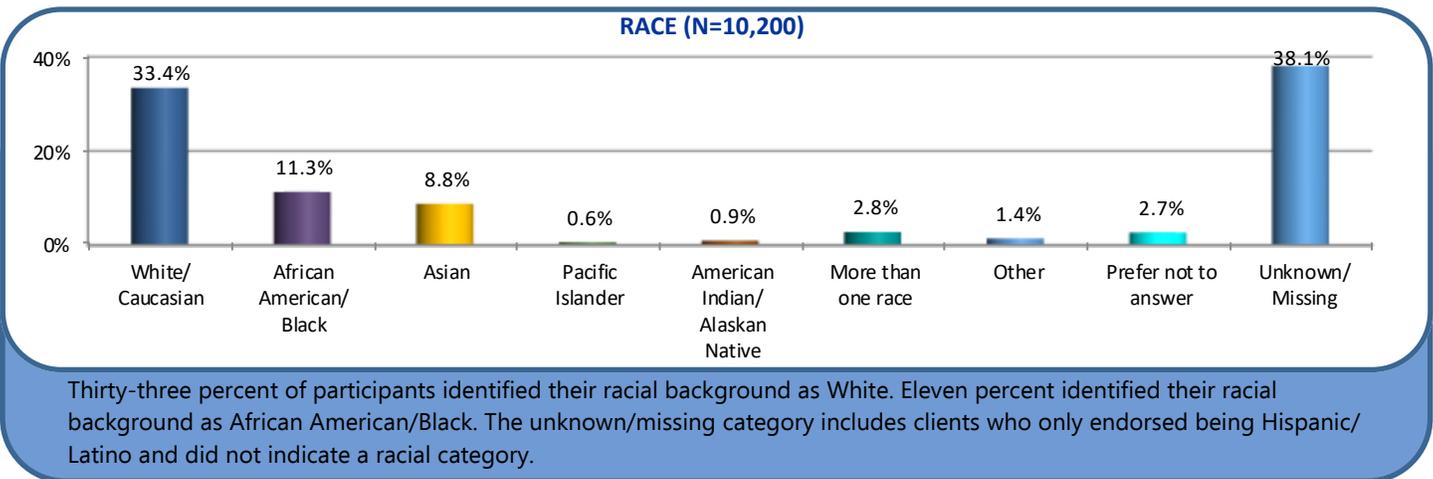
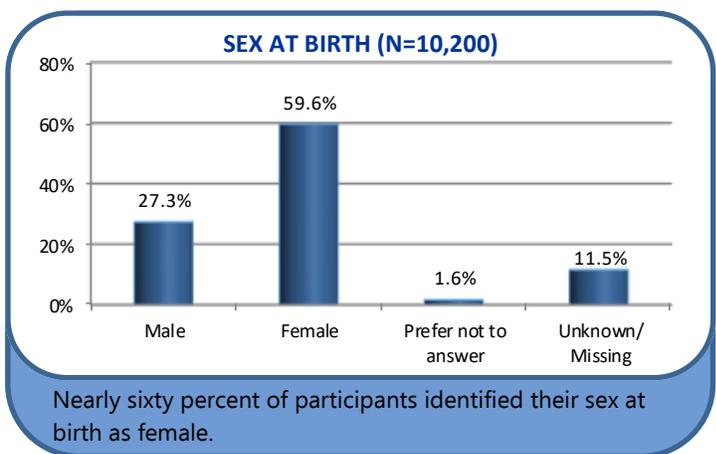
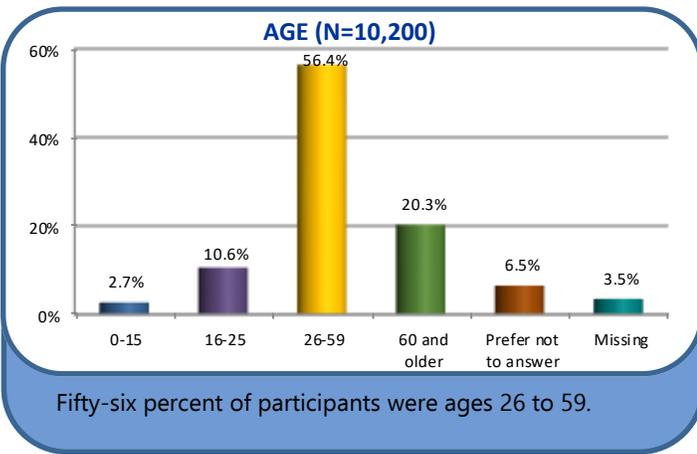


The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The County of San Diego has funded contractors to provide PEI for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer’s disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided.

DATA: Adult PEI Programs
REPORT PERIOD: 7/1/2019-6/30/2020
NUMBER OF PARTICIPANTS WITH DATA IN FY 2019-20: 10,200 (Unduplicated)

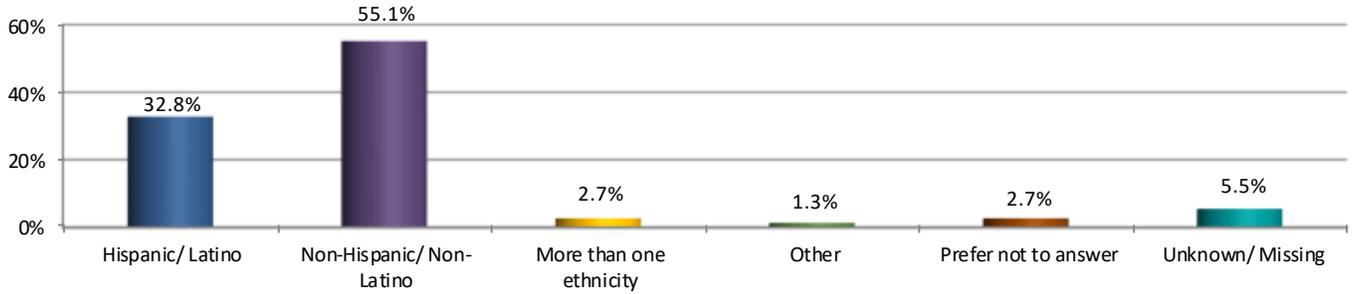


PARTICIPANT SYSTEMWIDE DEMOGRAPHICS



PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

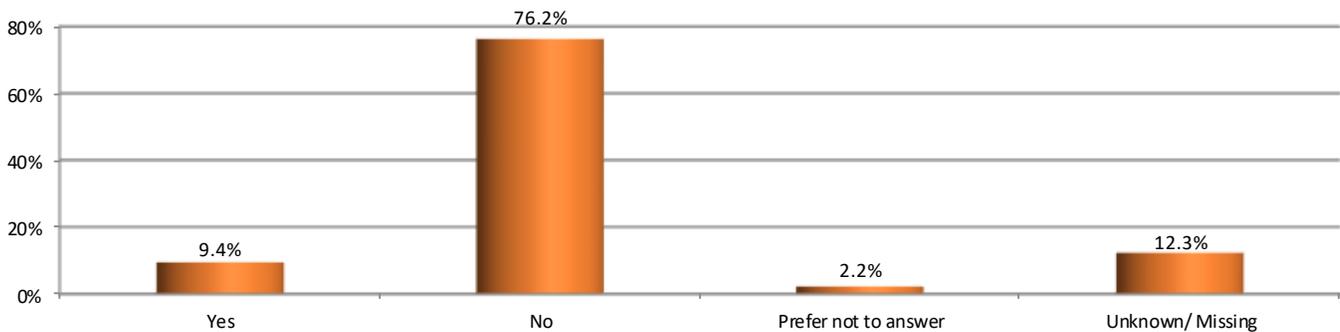
ETHNICITY (N=10,200)



Thirty-three percent of participants identified their ethnic background as Hispanic/Latino. Fifty-five percent of participants identified their ethnic background as non-Hispanic/non-Latino.

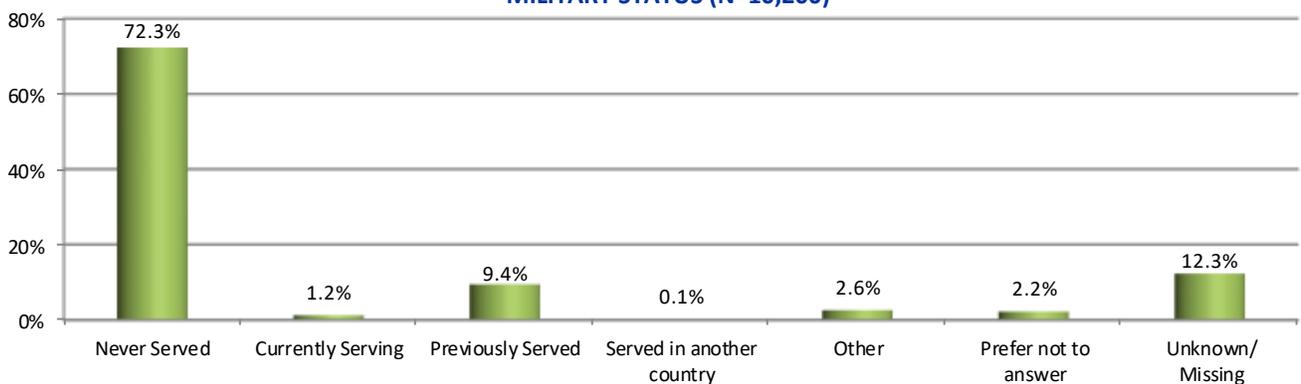
MILITARY SERVICE

VETERAN STATUS (N=10,200)



Information on veteran status indicated nine percent of participants had served in the military.

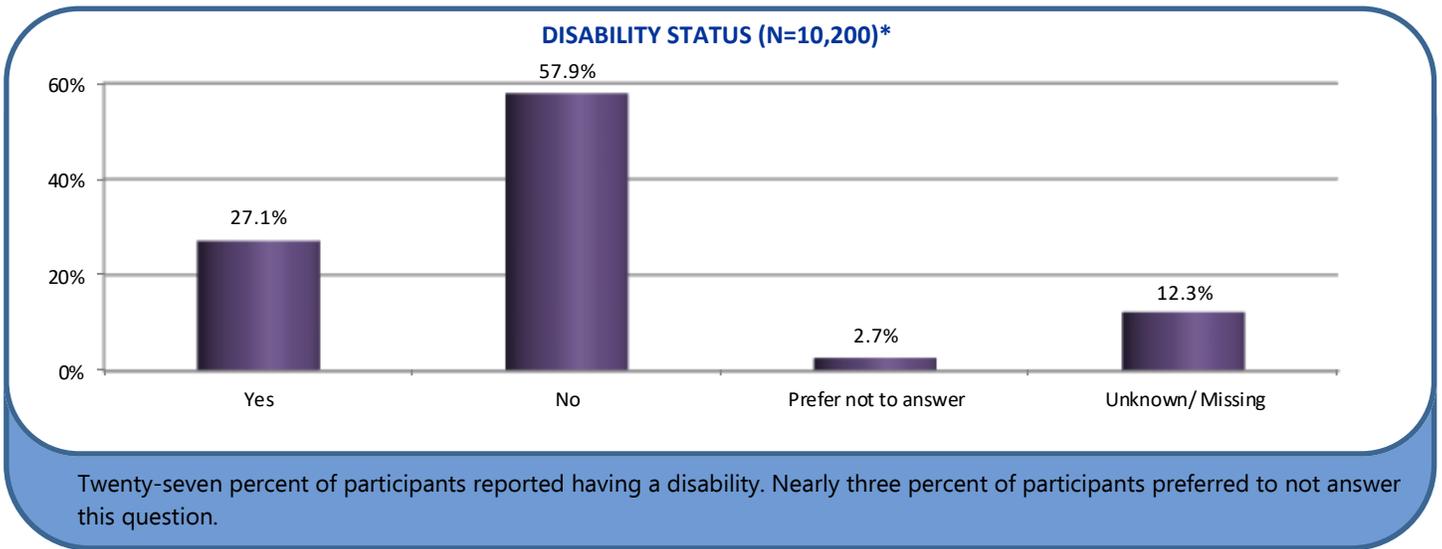
MILITARY STATUS (N=10,200)



Seventy-two percent of participants had never served in the military. One percent of participants indicated that they are currently serving in the military and nine percent indicated that they had previously served in the military.

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

PARTICIPANT DISABILITY STATUS



*A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

DISABILITY (N=10,200)**	N	%
Difficulty seeing	494	4.8
Difficulty hearing or having speech understood	250	2.5
Mental disability not including mental illness	489	4.8
Learning disability	219	2.1
Developmental disability	64	0.6
Physical/mobility disability	682	6.7
Chronic health condition/chronic pain	1,322	13.0
Dementia	51	0.5
Other communication disability	34	0.3
Other mental disability not related to mental illness	155	1.5
Other disability	488	4.8
No disability	5,946	58.3
Prefer not to answer	278	2.7
Unknown/Missing	1,256	12.3

Fifty-eight percent of participants indicated no disability. Thirteen percent of participants indicated having a chronic health condition/chronic pain. Nearly seven percent of participants indicated having a physical/mobility disability.

**Sum of percentages may exceed 100% because participants can select more than one disability.

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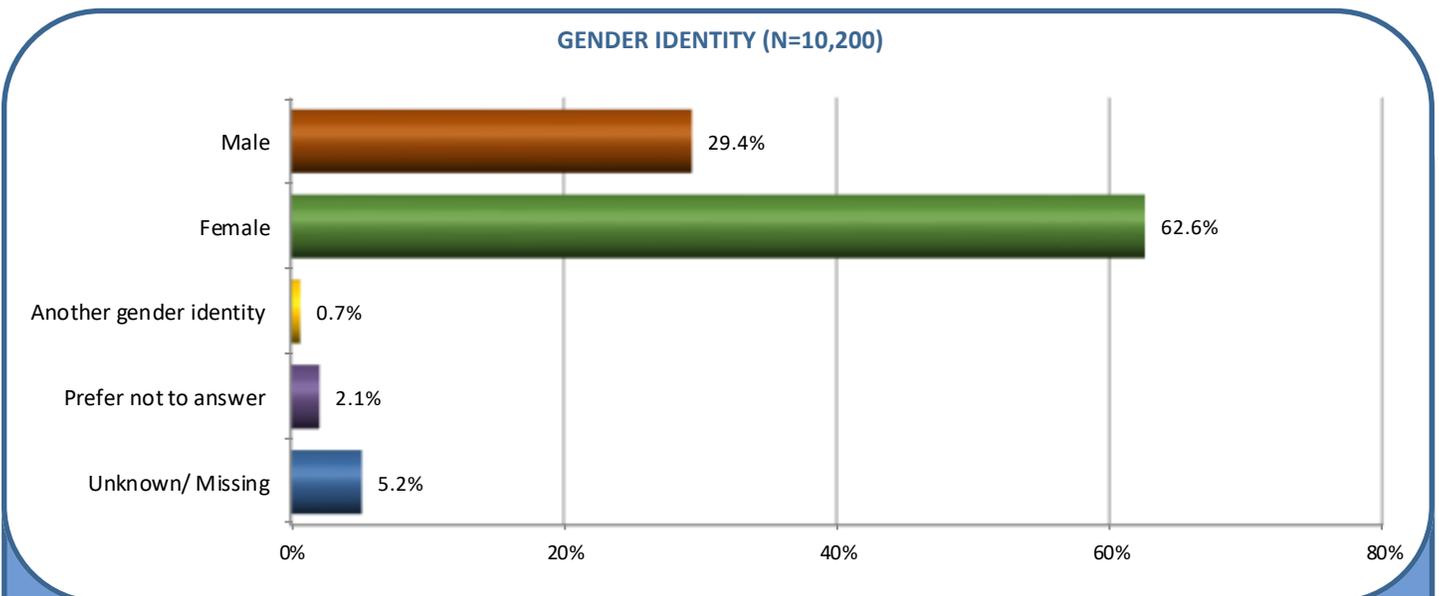
PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

PARTICIPANT LANGUAGE

PRIMARY LANGUAGE (N=10,200)	N	%
English	6,311	61.9
Spanish	1,763	17.3
American Sign Language	19	0.2
Arabic	138	1.4
Armenian	8	0.1
Farsi	16	0.2
Tagalog	217	2.1
Vietnamese	49	0.5
Other	612	6.0
Prefer not to answer	96	0.9
Unknown/Missing	971	9.5

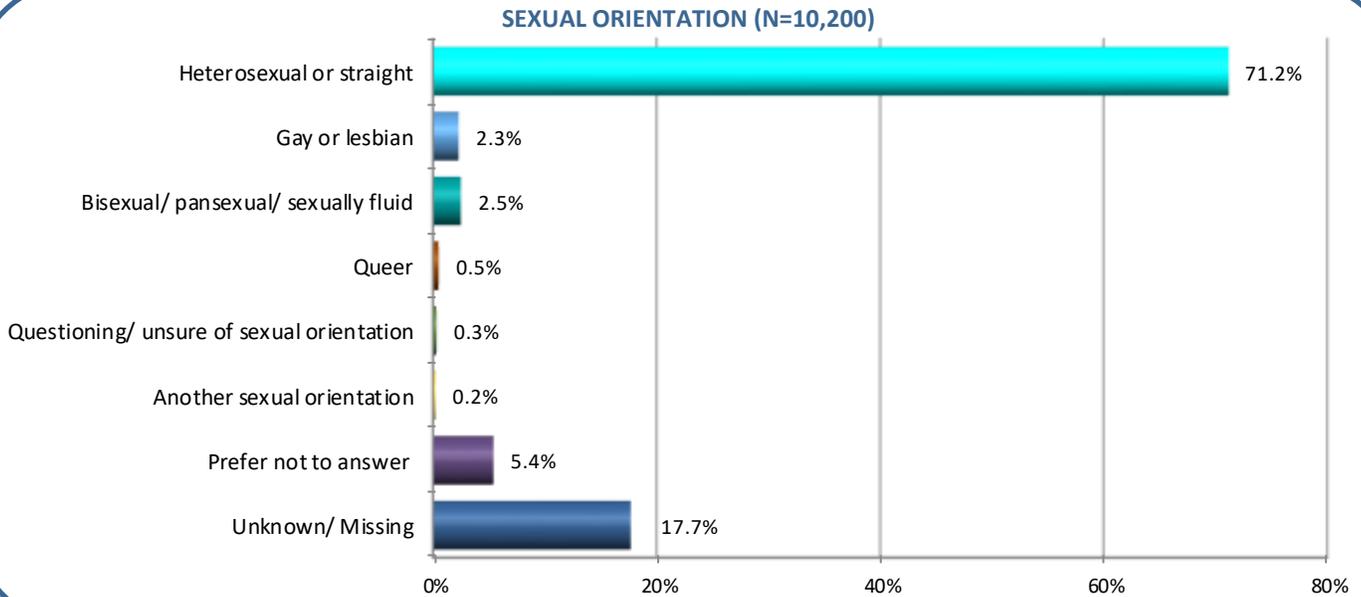
Sixty-two percent of participants identified their primary language as English. Seventeen percent of participants identified their primary language as Spanish.

GENDER IDENTITY



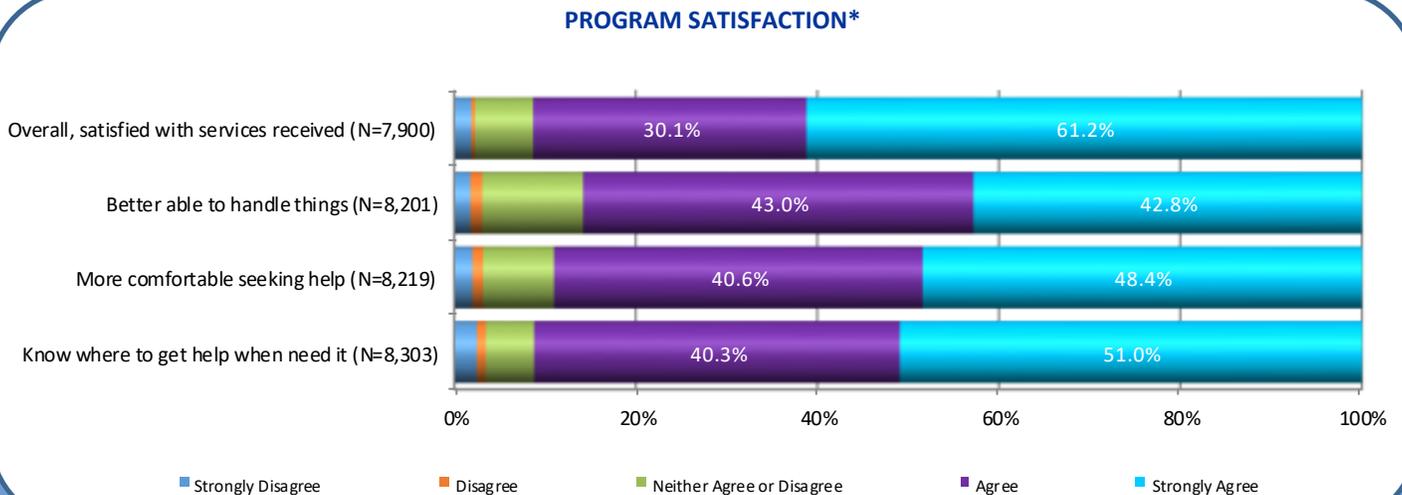
Sixty-three percent of the participants identified as female. Twenty-nine percent of participants identified as male.

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED



Seventy-one percent of the participants identified their sexual orientation as heterosexual/straight. Nearly three percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Five percent of participants preferred not to answer this question.

PARTICIPANT SYSTEMWIDE- PROGRAM SATISFACTION



Ninety-one percent of respondents agreed or strongly agreed that they were satisfied with the services they received. Over ninety-one percent of the participants agreed or strongly agreed that they knew where to get needed help as a result of the program. Eight-nine percent of respondents agreed or strongly agreed that they were more comfortable seeking help as a result of the program. Eighty-six percent of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program.

*Satisfaction data not available for all participants.

ADULT PARTICIPANT SYSTEMWIDE REFERRAL TRACKING SUMMARY*

In FY 2017-18, County of San Diego Behavioral Health Services implemented a referral tracking procedure in order to collect data on referrals to mental health or substance use services and successful links to those services.

In FY 2019-20 a total of 376 participants received a mental health referral, and 150 of these participants successfully received a mental health service as a result of the referral (Linkage Rate = 39.9%).

A total of 224 participants received a substance use referral, and 110 of these participants successfully received a substance use service as a result of the referral (Linkage Rate = 49.1%).

The average time between referral and linkage to services was twelve days.

**Referral tracking data not available for all programs.*

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.

